

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND										
1 Date of Request: <u>3/19/05</u>		2 Serial/Patent # <u>10/527685</u>								
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED							
<input type="checkbox"/>	Filing		\$							
<input type="checkbox"/>	Amendment		\$							
<input type="checkbox"/>	Extension of Time		\$							
<input type="checkbox"/>	Notice of Appeal/Appeal		\$							
<input type="checkbox"/>	Petition		\$							
<input type="checkbox"/>	Issue		\$							
<input type="checkbox"/>	Cert of Correction/Terminal Disc.		\$							
<input type="checkbox"/>	Maintenance		\$							
<input type="checkbox"/>	Assignment		\$							
<input checked="" type="checkbox"/>	Other		\$ 100.00							
		7 TOTAL AMOUNT OF REFUND								
		\$ 100.00								
10 REASON:		8 TO BE REFUNDED BY:								
<input checked="" type="checkbox"/>	Overpayment	Treasury Check								
<input type="checkbox"/>	Duplicate Payment	Credit Deposit A/C #:								
<input type="checkbox"/>	No Fee Due (Explanation):	9 <table border="1" style="display: inline-table; text-align: center;"> <tr> <td>1</td><td>3</td><td>--</td><td>3</td><td>7</td><td>2</td><td>3</td> </tr> </table>		1	3	--	3	7	2	3
1	3	--	3	7	2	3				
11 REFUND REQUESTED BY:										
TYPED/PRINTED NAME: <u>[Signature]</u>		TITLE: <u>Patent Agent</u>								
SIGNATURE: <u>[Signature]</u>		PHONE: <u>308 9140 x201</u>								
OFFICE: _____										
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****										
APPROVED: _____		DATE: _____								

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